



Your business  
is our business.

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REDACTED – FOR PUBLIC INSPECTION

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October 10, 2013

ACCEPTED/FILED

OCT 23 2013

Federal Communications Commission  
Office of the Secretary

**By Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Pembroke Telephone Company Inc.  
Study Area Code 220376**

Dear Ms. Dortch:

On behalf of Pembroke Telephone Company Inc. "Pembroke", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.<sup>1</sup> Pembroke seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 043  
List ABCDE

<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	220376
<015> Study Area Name	PEMBROKE TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Beverly Pirkle
<035> Contact Telephone Number: Number of the person identified in data line <030>	912-653-4389
<039> Contact Email Address: Email of the person identified in data line <030>	beverlyp@pemtelo.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	3.0E-4		<input type="checkbox"/>	<input type="checkbox"/>
<420> Mobile			<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)			<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed			<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile			<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 220376ga510	(attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 220376ga610	(attach descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)		<input type="checkbox"/>	<input type="checkbox"/>
<1010>	(attach descriptive document)		<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)		<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 220376  
 <015> Study Area Name PEMBROKE TEL CO  
 <020> Program Year 2014  
 <030> Contact Name - Person USAC should contact regarding this data Beverly Pirkle  
 <035> Contact Telephone Number - Number of person identified in data line <030> 912-653-4389  
 <039> Contact Email Address - Email Address of person identified in data line <030> beverlyp@pentelco.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒  
 If your answer to Line <110> is yes, do you have an existing §54.202(a) "5  
 <111> year plan" filed with the FCC? (yes / no) ☐ ☒

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>





<010>	Study Area Code	220376
<015>	Study Area Name	PEMBROKE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Pirkle
<035>	Contact Telephone Number - Number of person identified in data line <030>	912-653-4389
<039>	Contact Email Address - Email Address of person identified in data line <030>	beverlyp@pemtco.com

10/10/2013



**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	220376
<015>	Study Area Name	PEMBROKE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Pirkle
<035>	Contact Telephone Number - Number of person identified in data line <030>	912-653-4389
<039>	Contact Email Address - Email Address of person identified in data line <030>	beverlyp@pemtelo.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	220376
<015>	Study Area Name	PEMBROKE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Pirkle
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<039>	Contact Email Address - Email Address of person identified in data line <030>	beverlyp@pentelco.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers**

**Lifeline**

**Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	220376
<015>	Study Area Name	PEMBROKE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Pirkle
<035>	Contact Telephone Number - Number of person identified in data line <030>	912-653-4389
<039>	Contact Email Address - Email Address of person identified in data line <030>	beverlyp@pemtelo.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

220376ga1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

[www.pemtelo.com/teleserv/lifelinebrochureweb.pdf](http://www.pemtelo.com/teleserv/lifelinebrochureweb.pdf)

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation**

**Data Collection Form**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	220376
<015>	Study Area Name	PEMBROKE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Pirkle
<035>	Contact Telephone Number - Number of person identified in data line <030>	912-653-4389
<039>	Contact Email Address - Email Address of person identified in data line <030>	beverlyp@pemtelo.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}  
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}


**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012> 2013 Frozen Support Certification  
 <2013> 2014 Frozen Support Certification  
 <2014> 2015 Frozen Support Certification  
 <2015> 2016 and future Frozen Support Certification


**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification Support Used to Build Broadband

--

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.  
 <2021> Interim Progress Community Anchor Institutions


Name of Attached Document Listing Required Information

\_\_\_\_\_

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0586/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	220376
<015>	Study Area Name	PEMBROKE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Pirkle
<035>	Contact Telephone Number - Number of person identified in data line <030>	912-653-4389
<039>	Contact Email Address - Email Address of person identified in data line <030>	beverlyp@pemtelo.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	220376ga3017
(3018)	If the response is no on line 3014, is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	220376
<015> Study Area Name	PEMBROKE TEL CO
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<030> Contact Name - Person USAC should contact regarding this data	Beverly Pirkle
<035> Contact Telephone Number - Number of person identified in data line <030>	912-653-4389
<039> Contact Email Address - Email Address of person identified in data line <030>	beverlyp@pemtco.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	PEMBROKE TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE
Printed name of Authorized Officer:	Mary Anna Hite
Title or position of Authorized Officer:	Secretary -Treasurer/ CFO
Telephone number of Authorized Officer:	912-653-4389
Study Area Code of Reporting Carrier:	220376
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	220376
<015>	Study Area Name	PEMBROKE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Pirkle
<035>	Contact Telephone Number - Number of person identified in data line <030>	912-653-4389
<039>	Contact Email Address - Email Address of person identified in data line <030>	beverlyp@pemtelo.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

<b>(200) Service Outage Reporting (Voice)</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	220376
<015>	Study Area Name	PEMBROKE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Beverly Pirkle
<035>	Contact Telephone Number - Number of person identified in data line <030>	912-653-4389
<039>	Contact Email Address - Email Address of person identified in data line <030>	beverlyp@pemtelco.com

<220>

<a>	<b1>	<b2>	<b3>	<b4>	<c1>	<c2>	<d>	<e>	<f>	<g>	<h>
-----	------	------	------	------	------	------	-----	-----	-----	-----	-----

[illegible]



## 1

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

220376

Pembroke Telephone Company, Inc.

<811> Holding Company

Pembroke Telephone Company, Inc.

[illegible]

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

Pembroke Telephone Company, Inc. (“Pembroke”) hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Pembroke is subject to consumer protection obligations under Georgia state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of the Rules of the Georgia Public Service Commission which discloses rates, and terms and conditions of service to customers (Chapter 515-12-1-.02(5)(a) and .04(5) of the Rules of the Georgia Public Service Commission); (2) adherence to state consumer protection requirements governing telephone providers which require Service Standards (Chapter 515-12-1-.17 and .18 of the Rules of the Georgia Public Service Commission); Customer Billing (Chapter 515-

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.

12-1-.04(4) of the Rules of the Georgia Public Service; and Customer Complaints (Chapter 515-12-1-.08 of the Rules of the Georgia Public Service Commission); (3) truth-in-billing requirements (Chapter 515-12-1-.04(4) of the Rules of the Georgia Public Service Commission); and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

Pembroke Telephone Company, Inc. ("Pembroke") hereby certifies that it is able to function in emergency situations as set forth in Chapter 515-12-1-.11(4) of the Rules of the Georgia Public Service Commission. Pembroke's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Chapter 515-12-1-.11(4) of the Rules of the Georgia Public Service Commission. Pembroke can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Pembroke to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Pembroke has battery backup at all office locations and in its electronic equipment sites. Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment.

## GENERAL SUBSCRIBER SERVICES TARIFF

Pembroke Telephone Company, Inc.

Section C  
Third Revised Sheet 10  
Cancels Second Revised Sheet 10

## C. BASIC LOCAL EXCHANGE SERVICE

## C.10 Low Income Program

The Company, as part of its obligations as an Eligible Telecommunications Carrier, offers low-income assistance programs. This program, Lifeline Assistance, is offered under the terms and conditions provided below:

## C.10.1 Lifeline Assistance

## C.10.1.1 General

Lifeline Assistance is a non-transferable retail service offering for which qualifying low-income subscribers pay reduced charges, as provided for below. Lifeline Assistance enables eligible subscribers to pay reduced charges for voice telephony service that includes the following services: voice-grade access to the public switched network or its functional equivalent; local usage; access to emergency services; and toll limitation.

## C.10.1.2 Regulations

Subscribers are eligible for Lifeline Assistance if:

- A. The subscriber's household income is at or below 135 percent of the Federal Poverty Guidelines, or
- B. The subscriber, or one or more of the subscriber's dependents or the subscriber's household, receives benefits from at least one of the following qualifying programs:

- Medicaid;

- Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps;

- Supplemental Security Income (SSI);

- Federal Public Housing Assistance;

- Low-Income Home Energy Assistance Program (LIHEAP);

- National School Lunch Program's free lunch program;

- Temporary Assistance for Needy Families (TANF);

- Low Income Senior Citizens discount plan offered by a local gas or power company

- C. Other eligibility requirements may be established by the Commission.

## GENERAL SUBSCRIBER SERVICES TARIFF

Pembroke Telephone Company, Inc.

Section C  
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## C. BASIC LOCAL EXCHANGE SERVICE

## C.10 Low Income Program (Cont'd)

## C.10.1 Lifeline Assistance (Cont'd)

## C.10.1.2 Regulations (Cont'd)

- D. Each subscriber to Lifeline Assistance must certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program outlined in sub-paragraphs C.10.1.2(A) through C.10.1.2(C), above, and must, on that same document, agree to notify the Company if s/he ceases to participate in the program(s). The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators.
- E. A subscriber may elect at the time of subscription to Lifeline Assistance to receive toll limitation as part of Lifeline Assistance. "Toll limitation" is a service that allows a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence.
- F. Lifeline Assistance will not be disconnected for non-payment of toll charges, unless the Company first demonstrates to the Commission that the Company would incur substantial costs, that the Company offers toll limitation without charge, and that telephone subscribership among low-income subscribers in the Company's service area is greater than or equal to the national subscribership rate for low-income consumers. For purposes of this paragraph, a "low-income consumer" is one with an income below the poverty level for a family of four residing in Georgia. The Company shall follow all applicable notice provisions as established, from time to time, by the Commission, as part of the waiver process, and to implement a waiver, if granted. The Company may reapply for the waiver as necessary.
- G. The Company may not collect a service deposit in order to initiate Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll blocking from the Company, where available or if the qualifying low-income subscriber elects a calling plan that does not distinguish between toll and non-toll calls in its pricing. If toll blocking is unavailable, then the Company may charge a service deposit.

## GENERAL SUBSCRIBER SERVICES TARIFF

Pembroke Telephone Company, Inc.

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Fourth Revised Sheet 12  
Cancels Third Revised Sheet 12

## C. BASIC LOCAL EXCHANGE SERVICE

## C.10 Low Income Programs (Cont'd)

## C.10.1 Lifeline Assistance (Cont'd)

- C.10.1.3 Effective August 1, 2012, the Lifeline credit available to an eligible customer in Georgia is equal to the total of federal support as established by the Federal Communications Commission. The amount of credit will not exceed the charge for local service, which includes the access line, the Subscriber Line Charge and local usage.
- C.10.1.4 The Company shall apply the baseline payments received by the administrator of the federal Lifeline Assistance program to waive the qualifying customer's federal Subscriber Line Charge. The Company shall apply any additional federal support amount to the qualifying customer's basic local exchange service rate.
- C.10.1.5 To be eligible for Lifeline Assistance, qualifying customers must subscribe to a flat-rate basic local exchange service offering that is made available in the Company's service area.
- C.10.1.6 Partial payments that are received from Lifeline customers shall first be applied to local service charges and then to any outstanding toll charges.
- C.10.1.7 All aspects of the Lifeline Assistance program shall be subject to the interpretation of applicable Federal regulations and any directives which may from time to time be prescribed by the Universal Service Administrative Company. These rules are separate and apart from any rules prescribed as part of a state Universal Service program.

**REDACTED – FOR PUBLIC INSPECTION**

**PEMBROKE TELEPHONE COMPANY (SAC 220376)**

**ATTACHMENT - LINE 3012**

**ATTACHMENT REDACTED IN ENTIRETY**